

FREQUENT FLYERS® AERIAL DANCE

Aerial Dance Professional Training Program Application for 2023-2024

Legal Name: _____ Pronouns: _____

Preferred Name: _____ Date of Birth: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Phone: (Mobile) _____ (Home) _____

Email: _____

Do you have health insurance? (Circle one.) YES NO

**Health insurance is required by August 2023 for participation in this program.*

Do you have any current medical conditions, physical or mental, that will affect your participation in this program? (Circle one.) YES NO

If yes, please list: _____

Do you have any current physical injuries? (Circle one.) YES NO

If yes, please list: _____

Please list all of your past physical injuries, including the dates they occurred.

List all current degrees and certifications you possess (what type, name of institution, year received):

Which aerial apparatus are you most proficient on? _____

Please list all main aerial apparatus, dance forms, and movement forms you have studied below.

Apparatus/Movement Form	Year Began	Total Years of Study	Who Studied With/Notes

If you are accepted, how do you plan to pay for the program? _____

If you are accepted, where do you plan to stay for the duration of the program? _____

How did find out about our Aerial Dance Professional Training Program? _____

Please answer the following questions on a separate piece of paper (no more than 4 pages, double spaced).

1. What draws you to the Frequent Flyers® Aerial Dance Professional Training Program?
2. What is your motivation for seeking a dance focused program over a circus-focused program?
3. What do you see as your greatest strengths in the field of aerial dance?
4. What do you foresee would be your biggest challenge(s) in the program?
5. What are your top 3 goals you hope to achieve through this program?
6. Do you intend to pursue a career in aerial dance? What do you envision that career to look like?
7. What positive contributions do you feel you could bring to the program and your class if accepted?
8. What are you most passionate about? (Can be related to aerial or not)
9. Do you possess any other related training or skills? (i.e. musician, actor, production skills, etc.)
10. Is there anything else you would like to share with us?

Along with this application, please include the following:

- A copy of your current aerial resume
- 2 letters of recommendation from people that have worked with you for at least 2 years in different capacities (at least one should be aerial related). Please ask them to include the following:
 - How long they have worked with you and in what capacity
 - Comments on your ability to be self-motivated and work independently
 - Comments on your ability to set goals and work towards them
 - Comments on your respect for others, maturity, and ability to collaborate
- 2 links or files of videos of you performing: one aerial and one with you dancing on the ground
 - Please include related information about the choreographer, other performers, music, venue, and a description of which performer you are.
 - Please limit video submissions to 5 minutes per video.
 - These do not need to be professional videos.
- A link or file of a video of you executing the fitness exercises listed on the next page.

Send application and required materials:

Frequent Flyers® Aerial Dance
3022 E. Sterling Circle, Suite 150
Boulder, CO 80301
Or email to office@frequentflyers.org

Questions:

Contact Nancy Smith, Founder/Artistic Director
nesmith@frequentflyers.org
www.frequentflyers.org
303-245-8272

EXERCISES	TECHNICAL REQUIREMENTS	GOAL
Pull Ups	Arms shoulder width apart, legs straight and together, avoid kipping or rolling shoulders, chin above bar	5 repetitions
Straddle Ups	On single pole (i.e. on a rope or with fabric tails together) Legs straight, fully inverted, switch which hand is on top when you switch sides, feet pointed	3 repetitions each side
Front Balance	Looking out, arms wide, legs straight and together, feet pointed	30 seconds
Handstand	Arms aligned under shoulders, body aligned head to toe, against a wall with stomach facing wall, legs together	1 minute
Toes to Bar	Legs straight and together, toes tapping bar or flexed under bar, shoulders engaged, feet pointed	8 repetitions
Push Ups	Arms narrow, shoulders stable, body aligned from head to toe	10 repetitions
Right Split	On floor/flat surface, legs turned out, arms off the ground if able, <u>feet pointed</u>	180 degrees
Left Split	On floor/flat surface, legs turned out, arms off the ground if able, <u>feet pointed</u>	180 degrees
Center Split	On floor/flat surface, facing ground (pancake style)	180 degrees
Timed Fabric Climbs	*Please state the height of the top of the fabric in your video. basic/peg climb, climb to top, tap gear, come down to about 1ft above floor without touching, repeat	As many climbs to the top as possible in 1 minute